

# Asthma Friendly Schools Award Program



## Is Your School Asthma Friendly?

**If YES, then nominate your school for the Asthma Friendly School Award today!**

The American Lung Association's Asthma Coalition of Mississippi, the Mississippi State Department of Health Asthma Program, and the School-Based Asthma Management Program are recognizing Mississippi schools that are taking steps to promote healthy schools for children and staff with asthma. The Asthma Friendly School Award Program is a voluntary program where schools may seek recognition for the many efforts they are making to support a safe and healthy asthma-friendly school environment.

An asthma friendly school supports the health and academic success of students through maximizing asthma management and reducing environmental triggers in the school environment, and building asthma education and awareness programs for students and staff. Becoming an asthma friendly school is not an additional program for students with asthma, but rather an effort to coordinate compliance with SB 2393, the Comprehensive School Asthma Law.

This application should help your school and district assess and identify areas in which it is currently doing well, as well as areas in which it may want to focus more energy. Regardless of where your school submits an application, we encourage you and your team to use this application's criteria periodically to gauge your progress and to identify areas that could use more attention. Once you have identified program areas in need of more attention within your school's asthma management program, additional resources are available from:

- CDC's Asthma-Friendly Schools Tool Kit
- American Lung Association Asthma-Friendly Schools Tool Kit
- EPA's Tools for Schools
- Mississippi State Asthma Plan

Read the following Asthma Friendly Schools Designation Criteria and check the columns that best describes the status of each activity in your school. The assessment checklist is intended to be used by the schools designated school nurse or appointed health liaison/team leader. We trust that the information submitted in this application will be true to the best of your knowledge.

**Instructions:** In order to be eligible for an Asthma Friendly School Award, schools must fulfill all essential criteria. All questions must be answered in order for application to be considered valid. Your completed application consists of three components:

1. School identification page, complete with signatures
2. Asthma Friendly Schools Award Application
3. All required documentation if applicable

Read the following Asthma Friendly Schools designation criteria and check the column that best describes the status of each activity in your school.

**No** – This activity has not yet been addressed in our school.

**IN PROGRESS** – This activity is in development in our school.

**Yes** – This activity has been implemented in our school.

Award winning schools will be notified by mail and recognized at the Mississippi School Nurse Association 2012 Annual Conference during the awards banquet. Schools will receive an Asthma Friendly School certificate, plaque, banner and sign to promote their Asthma Friendly status.

**Submission for Award Level:**

**Gold Award:** Meets all required criteria with; 80% of action plans on file for students with asthma.

**Silver Award:** Meets 9 of required criteria; 70% of action plans on file for students with asthma.

**Bronze Award:** Meets 6-8 required criteria; 60% of action plans on file for students with asthma.

**Honorable Mention** Meets 4-6 required criteria; 50% of action plans on file for students with asthma.

**\*\*Award designations are maintained for two years at which time a new application is required\*\***

**Application Deadline is: March 30, 2012.** To submit application, please fax this form to Eugenia King, American Lung Association at: 601-206-5813 or mail to PO Box 2178, Ridgeland, MS 39158  
**Applicants mailing application must have postmarked by deadline date.**

**\*\*Note:** School nurses covering more than one school must submit a separate application for each school.

For further information on how you can become an asthma friendly school, please contact:

**Eugenia King, MPH**  
**American Lung Association**  
**Telephone: 601-206-5810**  
**Email: [eking@breathehealthy.org](mailto:eking@breathehealthy.org)**

## SCHOOL IDENTIFICATION PAGE

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Name of School: \_\_\_\_\_

School District: \_\_\_\_\_

Address of School: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

School Email: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Name of Assistant Principal: \_\_\_\_\_

Do you have a school nurse in your school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of School Nurse: \_\_\_\_\_

In the absence of the school nurse or if the school does not have a school nurse, is there a lead staff person that assists students with health related issues: \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of health liaison or lead staff person: \_\_\_\_\_

Approximate # of Students: \_\_\_\_\_

Grade Level: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Nurse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

**\*Remember to include attachments if applicable.**

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	CHECK THE APPROPRIATE COLUMN		
	NO	IN PROGRESS	YES
<b>Criteria 1: Identify and track students with asthma.</b>			
School has asthma questions listed on school health form.			
School collects and monitors absenteeism for students with asthma.			
Bonus: Submit a copy of your school health form.			

<b>Criteria 2: Asthma Action plans (signed by their medical provider) on file for students with asthma.</b>
# of students identified with asthma: _____
# of action plans on file: _____
Percentage total: _____ (divide # of students with asthma by the number of action plan on file and multiply by 100 Ex. Number of students with asthma is 75 and action plans on file is 60 $(60/75=0.8*100=80\%)$ )

<b>Criteria 3: School nurse or other designee provides asthma education (asthma in-service for school staff annually.)</b>			
Date of asthma in-service: _____			
Please list name and title of person providing in-service. Name: _____ Title: _____			
Check all that have attended in-service:			
Faculty			
Coaches			
Support Staff			
Food Service Staff			
Administrators			
Bus Drivers			

	CHECK THE APPROPRIATE COLUMN		
	NO	IN PROGRESS	YES
<b>Criteria 4: Emergency instructions for all school staff to follow in case of major medical emergency for asthma and all other life threatening diseases.</b>			
Emergency instructions available for school staff.			
Procedures/posters to follow during an asthma attack are available in every classroom.			
System is in place to share asthma action plans with appropriate personnel for students with asthma.			

<b>Criteria 5: Policy is in place to allow students to carry and administer their inhaler and anaphylaxis medication.</b>			
Students with asthma are encouraged to self-carry their medications as developmentally appropriate.			
If a student does not carry their asthma medicines, the school has a procedure to assure they have quick easy access to their medications.			
A nebulizer is available for emergency use.			

<b>Criteria 6: School nurse is available to coordinate the care of students with asthma.</b>			
School nurse is available at all times during school hours to one specific school.			
School nurse is employed by district and covers multiple schools.			

<b>Criteria 7: School implements a pest management program that minimizes students/staff exposure to pesticides.</b>			
School has pest management program			
Date of last pest control service: _____ Please list name and title of person responsible for compliance: Name _____ Title _____			

	CHECK THE APPROPRIATE COLUMN		
	NO	IN PROGRESS	YES
<b>Criteria 8: School has policy/procedures/signage to address the minimization of school bus idling.</b>			
School has policy to minimize school bus idling.			
School has “no idling” signs posted on school premises.			

<b>Criteria 9: School health council has completed a needs assessment and has implemented a wellness policy in accordance with SB 2393.</b>			
School’s needs assessment completed.			
School’s wellness policy implemented.			

<b>Criteria 10: School conducts other environmental education, awareness and improvement concerning asthma.</b>			
No smoking signs posted on school premises.			
School provides smoking cessation program awareness to parents and staff.			
School holds asthma awareness programs or educational projects for general student body.			
School purchases green seal cleaning products.			
School conducts environmental walk around / site visits with environmental professional.			

<b>Please list any additional information you want to be considered in our review of your application. (Include additional sheet if needed)</b>

**Congratulations! You have reached the end of the application. We appreciate your time and effort.**